Docket No. 88852 Customer No. 70523 Confirmation No. 1327

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of: | | | | Group Art Unit: 2624 | | | | |
|---|---|-------|-------|--|------------------|--------------------|-------------------|--|
| Jean-Marc Inglese | | | | Examiner: Tabatabai, Abolfazl | | | | |
| SIGNAL PROCESSING METHOD IN A DENTAL RADIOLOGY APPARATUS | | | | CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being filed using the USPTO's electronic filing system EFS-Web, and is addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this | | | | |
| Serial No. 10/595,985 | | | | Signature: Maria Langschurgs | | | | |
| Filed: 24 May 2006 | | | | | | | | |
| Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application: X No additional fee is required. The fee has been calculated as shown below: | | | | | | | | |
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| | (Col. 1) (C | | | (Col. 3) | | ENTITY | | |
| | CLAIMS REMAINING AFTER AMENDMENT | | PREV | * EST NO. IOUSLY D FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE | |
| TOTAL | 51 | MINUS | 55 | | 0 | X 52 | \$0 | |
| INDEP | 2 | MINUS | | 3 | 0 | X 220 | \$0 | |
| | FIRST PRESENTATION OF MULTIPLE | | TIPLE | DEPENDE | NT CLAIM | + 370 | \$0 | |
| | | | | | | TOTAL | \$0 | |
| * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed. | | | | | | | | |
| Please charge MasterCard Credit Card \$0. | | | | | | | | |
| The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Carestream Health, Inc. Deposit Account No. <u>50-4233</u> | | | | | | | | |
| X Any additional filing fees required under 37 CFR 1.16. | | | | | | | | |
| Any patent application processing fees under 37 CFR 1.17. (For Extensions of Time and other Petitions to the Assistant Commissioner) | | | | | | | | |
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